

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Indivior Inc (f/k/a Reckitt Benckiser Pharmaceuticals Inc.)

c/o Phillips Lytle LLP

Attn: Catherine N Eisenhut, Esq

One Canalside

125 Main St

Buffalo, NY 14203

Reckitt Benckiser / Indivior

420 International Blvd, Ste 500

Brooks, KY 40109

Reckitt Benckiser/Indivior

Attn: Rupert Bondy, General Counsel & Company Secretary

Morris Corp. Center 4

399 Interpace Parkway

Parsippany, NJ 07054

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Indivior Inc.

Attn: Justin Plunkett, Vice President

10710 Midlothian Turnpike, Suite 125

North Chesterfield, VA 23235

Corporation Service Company

R/A for Indivior Inc

251 Little Falls Drive

Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name:

Gini L. Downing

Pachulski Stang Ziehl & Jones LLP

10100 Santa Monica Blvd.

13th Floor

Business Address:

Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Corporation Service Company
R/A for Indivior Inc
251 Little Falls Drive
Wilmington, DE 19808



9590 9402 3367 7227 2826 78

2. Article Number (Transfer from service label)

7017 2400 0000 3936 6510

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
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- ☐ Insured Mail
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